MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11140

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crellin- Rural X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crellin. Rural X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) Bertha (Haddix) (Last) Ashby

4. DATE OF DEATH: (Month) Nov. (Day) 27. (Year) 1953

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept-29-1870

9. AGE last birthday: 83 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Adam Haddix

14. MOTHER'S MAIDEN NAME: Margaret Sinclair

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9

(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Iret Ashby. Crellin. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) 422.1 Pneumonia Hypostatic — Interval Between Onset And Death: 8 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteria Sclerotic Cardiodisease — 5 yrs

DUE TO (c) disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11- ,1952, to 11 - ,1953, that I last saw the deceased alive on 11-22- ,1953, and that death occurred at 1:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) John B. Hurley M.D. ADDRESS Terra Alta. W.VA. DATE SIGNED 11/28/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE THEREOF 11-29-1953

NAME OF CEMETERY OR CREMATORY Ashby Cemetery

LOCATION (City, town, or county) Near Crellin, Md (State)

DATE REC'D BY LOCAL REGISTRAR 11-29-53

REGISTRAR'S SIGNATURE Julia A. Rowan L.R

24. FUNERAL DIRECTOR ADDRESS Emory D. Bolden, Oakland, Md.

VS. A15

RECEIVED
DEC 11 1953
BUREAU V. S.

11141

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 162

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Garett — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Grantsville — LENGTH OF STAY (In this place): 25 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Garett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Grantsville Md
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
James	Albert	Bowman	Nov. 25 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	7-1-1900	53 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	None	Boynton Somerset Co. Pa	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Bauman	Elizabeth Kimmel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes W War II	213-22-4485	Mrs Ethel Bowman, Grantsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

835 Immediate cause (a) Crushing Injuries Contusion Chest Wall

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Farm	Mar Grantsville	Garrett	Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☑ / Not while at work ☐	HOW DID INJURY OCCUR?
Nov 25 1953 4 p.m.		Tractor fell on deceased.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
E. J. Baumgartner	M D	Oakland Md	Nov 25-1953

25. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-28-1953	Durst Cemetary	Rural Grantsville Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 27/53	Ethel Broadwater	Wm Winterberg	Grantsville Md

16A

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NOV 30 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11142

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland
LENGTH OF STAY (in this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2nd St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland
STREET ADDRESS (If rural give location) 2nd St

3. NAME OF DECEASED: (Type or Print) (First) EDNA (Middle) JANE (Last) BRYDON

4. DATE OF DEATH: (Month) Nov (Day) 4 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct-21-1880

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): RETIRED NURSE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): BLOOMINGTON. MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: WILLIAM ALFRED BRYDON.

14. MOTHER'S MAIDEN NAME: SUSIE VIRGINIA BRADY BRYDON.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: HOWARD P. BRYDON. WASHINGTON D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart failure — Interval Between Onset And Death: 14 Days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerotic cardio vascular disease — years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 Aug, 1948, to 4 Nov., 1953 that I last saw the deceased alive on Oct 22, 1953, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or title) Thomas D. Lusby M.D. ADDRESS Oakland, Md. DATE SIGNED Nov 4, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF Nov-7-1953 — NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery — LOCATION (City, town, or county) (State) Cumberland MD.

DATE REC'D BY LOCAL REGISTRAR 11/7/1953 — REGISTRAR'S SIGNATURE Julia A Rowan R.R.

24. FUNERAL DIRECTOR Emroy Bolden ADDRESS Oakland md

VS. A15

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Item 18 Film G160 12-7-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11143

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY GARRETT MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OAKLAND
LENGTH OF STAY (in this place) 10 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY GARRETT
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MT. LAKE PARK
STREET ADDRESS (If rural give location) BOX 97

3. NAME OF DECEASED: (Type or Print) (First) DAISY (Middle) BARDALL (Last) HICKS
4. DATE OF DEATH: (Month) 11 (Day) 18 (Year) 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: OCTOBER 21, 1880
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): WEST VIRGINIA 45
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: BARDALL, J. C.
14. MOTHER'S MAIDEN NAME: WADSWORTH, LYDIA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) NO
16. SOCIAL SECURITY No.: -----
17. INFORMANT & ADDRESS: 4943 Denmore Ave. Robert E. Hicks Baltimore 15, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

171X Immediate cause (a) Carcinomatosis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Primary of Cervix DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 1953, to Nov 18, 19....., that I last saw the deceased alive on Nov 18 1953, and that death occurred at 8 45 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title) [signature] ADDRESS Oakland Md DATE SIGNED 11/18/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 11/20/1953 NAME OF CEMETERY OR CREMATORY Oakland Cemetery LOCATION (City, town, or county) (State) Oakland, Md.
DATE REC'D BY LOCAL REGISTRAR 11/20/1953 REGISTRAR'S SIGNATURE Julia A Nowan LR
24. FUNERAL DIRECTOR Herbert C. Leighton ADDRESS Oakland, Md.

VS. A-6

RECEIVED
DEC 1 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11144

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:
COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN McHenry Rural, Star Route
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN McHenry, Rural, Star Route
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Vespa (Middle) Josephine (CASTEEL) (Last) Hoye

4. DATE OF DEATH: (Month) Nov. (Day) 27 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 9, 1884
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Oakland, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward C. Castell
14. MOTHER'S MAIDEN NAME: Mary Ellen Sav age

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT & ADDRESS: Vernon Hoye, McHenry, Md. Star Rt.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.1 Immediate cause	(a) Myocardial Infarction	25 minutes
DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Hypertension	10 yrs
DUE TO 260X	(c) Diabetes Mellitus	8 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Obesity

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-19, 1951, to 10-19, 1953, that I last saw the deceased alive on 10-19, 1953, and that death occurred at 1:25 a.m., from the causes and on the date stated above.

SIGNATURE James H Feaster Jr. (DEGREE OR TITLE) M.D. ADDRESS 58 2nd St Oakland, Md DATE SIGNED 11.30.53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Nov. 28, 1953
NAME OF CEMETERY OR CREMATORY Oak Grove
LOCATION (City, town, or county) (State) near McHenry, Md.

DATE REC'D BY LOCAL REG. 11/28/53
REGISTRAR'S SIGNATURE Julia D. Jowan
24. FUNERAL DIRECTOR Emroy Bolden Oakland Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A15 8-51

RECEIVED
DEC 11 1953
BUREAU V. S.

Film#G160 Item# 14 12/7/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 166

1. PLACE OF DEATH — COUNTY: Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oakland — LENGTH OF STAY (in this place): 10 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Garrett Co. Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Shallmar
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) Mattre (Middle) — (Last) Jachnovic
4. DATE OF DEATH (Month) Nov (Day) 9 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): ?
8. DATE OF BIRTH: Nov. 14, 1879
9. AGE last birthday: 73 yrs. — If under 1 year: Months 11 Days 25 — If under 24 hrs.: Hours — M.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner
10b. KIND OF BUSINESS OR INDUSTRY: Coal Mines
11. BIRTHPLACE (State or foreign country): White Russia
12. CITIZEN OF WHAT COUNTRY? Russia
13. FATHER'S NAME: Andrew Jachnovic
14. MOTHER'S MAIDEN NAME: Catherine unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: 216-01-0582
17. INFORMANT AND ADDRESS: Nestor Seekow, Deer Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition (Starvation)

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy, Inspection ✓ Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ✓ accident, suicide, homicide, undetermined.

SIGNATURE: L. J. Bannyar Mer — (Degree or title) M D — ADDRESS: Oakland Md — DATE SIGNED: 11/11/53

CREMATION — BURIAL (Specify): Burial — DATE THEREOF: Nov. 12/53 — NAME OF CEMETERY OR CREMATORY: Kalbaugh Cemetery — LOCATION (City, town, or county) (State): Elk Garden, Mineral Co. W. Va.

DATE RECD BY LOCAL REG.: Nov 14/53 — REGISTRAR'S SIGNATURE: Julia A Rowan — 24. FUNERAL DIRECTOR: O F Sharkless — ADDRESS: Blaine W. Va.

LR

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct, specially important. Physicians: please write the causes of death clearly and legibly.

V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:
COUNTY GARRETT MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OAKLAND, MARYLAND
LENGTH OF STAY (in this place) 1 DAY
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE WEST VIRGINIA COUNTY BARBOUR
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) THORTON, WEST VIRGINIA
STREET ADDRESS (If rural give location) ROUTE # 1

3. NAME OF DECEASED: (Type or Print) (First) CARLA (Middle) (Last) MATLICK
4. DATE OF DEATH: (Month) 11 (Day) 28 (Year) 1953
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: 8-2-1947
9. AGE last birthday: 6 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): WEST VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: HAROLD MATLICK
14. MOTHER'S MAIDEN NAME: MARY SHRIVER
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NO
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: HAROLD MATLICK, THORNTON, WEST VIRGINIA

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Encephalo Meningitis — Interval Between Onset And Death: 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Virus infection ?! — 2 wks

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 14, 1953, to Nov 28, 1953, that I last saw the deceased alive on Nov 28, 1953 and that death occurred at 3:00 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Chas E Smith M.D. ADDRESS Terra Alta WVa DATE SIGNED 12/4/53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal DATE THEREOF Dec 1-1953 NAME OF CEMETERY OR CREMATORY Mount Morris LOCATION (City, town, or county) (State) Near Kesson WVa

DATE REC'D BY LOCAL REGISTRAR 11/28/1953 REGISTRAR'S SIGNATURE Julia A Rowan L.R.

24. FUNERAL DIRECTOR Emray Boldin ADDRESS Oakland Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115

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JAN
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11146

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:
COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland, Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Second, St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland, Md.
STREET ADDRESS (If rural, give location) Second St.

3. NAME OF DECEASED: (Type or Print) (First) Clara (Middle) Nancy (Last) McRobie

4. DATE OF DEATH: (Month) Nov. (Day) 28 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 14, 1868

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Deer Park, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Andrew Williams

14. MOTHER'S MAIDEN NAME: Martha Freeland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Coral McRobie

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 331X

Immediate cause (a) Cerebral Vascular Accident

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1952, to Nov, 1953, that I last saw the deceased alive on Nov 27, 1953, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE A. F. Bannington (DEGREE OR TITLE) M D ADDRESS Oakland Md DATE SIGNED 11/28/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Nov. 30, 1953

NAME OF CEMETERY OR CREMATORY Oakland

LOCATION (City, town, or county) (State) Oakland, Md.

DATE REC'D BY LOCAL REG. 11/30/53

REGISTRAR'S SIGNATURE Julia L. Bowen L.A.

24. FUNERAL DIRECTOR Emroy Bolden Oakland Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

RECEIVED
DEC 11 1953
BUREAU V. S.

11147

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 162

1. PLACE OF DEATH:
COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Grantsville
LENGTH OF STAY (in this place) 4 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pa COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Bedford Pa
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) James Louis Michael

4. DATE OF DEATH: (Month) (Day) (Year) 11 - 2nd ., 1953.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 10/16/1892
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman on R.
10b. KIND OF BUSINESS OR INDUSTRY: R. None
11. BIRTHPLACE (State or foreign country): Garrett County Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: George Michael
14. MOTHER'S MAIDEN NAME: Louise Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W. W. One
16. SOCIAL SECURITY NO.: 714-03-6638
17. INFORMANT & ADDRESS: Mrs. James Michael, New Bedford Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.0

Immediate cause (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 10 min.

DUE TO

Antecedent cause(s) (b) Arteriosclerotic heart disease

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c) Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1952, to Nov, 1953, that I last saw the deceased alive on Oct 29, 1953, and that death occurred at 7:30 A m., from the causes and on the date stated above.

SIGNATURE John F. Whitehill, Jr. MD. (DEGREE OR TITLE) ADDRESS Salisbury, Pa DATE SIGNED 11-3-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 11/5/53
NAME OF CEMETERY OR CREMATORY Grantsville
LOCATION (City, town, or county) (State) Grantsville, Garrett, Md.

DATE REC'D BY LOCAL REG. 11/5/53
REGISTRAR'S SIGNATURE Ethel Swoquater
24. FUNERAL DIRECTOR Wm Winterberg ADDRESS Grantsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

RECEIVED
NOV 1[illegible]3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1948

CERTIFICATE OF DEATH

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland
LENGTH OF STAY (in this place) 16 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Evans Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Allegany
CITY (if outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural give location) 232 Glenn St.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Marian (Last) Perdew

4. DATE OF DEATH: (Month) November (Day) 24, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 7/28/1873

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Wholesale Meat

10b. KIND OF BUSINESS OR INDUSTRY: Dealer

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elijah Perdew

14. MOTHER'S MAIDEN NAME: Melinda --?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: -------

17. INFORMANT & ADDRESS: Mrs. Wm. Evans Oakland, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Heart failure — Interval Between Onset And Death: 4-5 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerotic cardio-vascular disease — years

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 5 3, 19..., to 11/20/53, 19..., that I last saw the deceased alive on 11/20, 19 53, and that death occurred at 3:30 A M, from the causes and on the date stated above.

SIGNATURE (Degree or title) Thomas D. Lasky M D ADDRESS Oakland, Md DATE SIGNED 11/24/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 11/27/1953 — NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery — LOCATION (City, town, or county) (State) Cumberland, Md.

DATE RECD BY LOCAL REGISTRAR 11/26/1953 — REGISTRAR'S SIGNATURE Julia C. Bowen — 24. FUNERAL DIRECTOR John J. Hafer — ADDRESS Cumberland, Md.

VS. 4.5

RECEIVED
DEC 11 1963
BUREAU V. S.

Film#G160 Item# 5,6,7 12/1/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:
COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DEER PARK
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DEER PARK MARYLAND
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) THORNTON (Last) RHODES.
4. DATE OF DEATH: (Month) NOV. (Day) 14 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: SEPT.-20-1865
9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): GARRETT Co. MARYLAND
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: ANDREW JACKSON RHODES.
14. MOTHER'S MAIDEN NAME: MARY KATHRYN GILPIN.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: MRS. EMMA RHODES. DEER PARK MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 422.1
Immediate cause (a) arteriosclerotic cardio vascular
DUE TO
Antecedent cause(s) (b) disease
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)
INTERVAL BETWEEN ONSET AND DEATH: years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 Sept 48, to 14 Nov, 1953, that I last saw the deceased alive on 14 Nov, 1953, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Thomas J Cushy M.D. (DEGREE OR TITLE) ADDRESS Oakland, Md DATE SIGNED 16 Nov 53

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF: NOV-17-1953
NAME OF CEMETERY OR CREMATORY: ROSEHILL
LOCATION (City, town, or county) (State): NEAR SWANTON MD.
DATE REC'D BY LOCAL REG. 11/17/1953
REGISTRAR'S SIGNATURE Julia A Lovan LR
24. FUNERAL DIRECTOR Emray Boldin ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A15 8-51

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1 64

1. PLACE OF DEATH:
COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FRIENDSVILLE
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) SCHROYER

4. DATE OF DEATH: (Month) (Day) (Year) NOV. 15 19 53

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: NOV. 15, 1953

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 55

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): OAKLAND, MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: SCHROYER, GEORGE RAYMOND

14. MOTHER'S MAIDEN NAME: THOMAS, VIOLET MAE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: MOTHER FRIENDSVILLE, MARYLAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

761.5

Immediate cause (a) Prematurity - 5½ mos. pregnancy

DUE TO

Antecedent cause(s) (b) Premature separation of placenta - 24 hrs?

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. wt. 2 lbs 2 oz. Length 36 cms.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 Nov, 1953, to 15 Nov, 1953, that I last saw the deceased alive on 15 Nov, 1953 and that death occurred at 10:05 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Thomas J. Lusby MD ADDRESS Oakland, Md DATE SIGNED 15 Nov 53

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF Nov 16-1953 NAME OF CEMETERY OR CREMATORY Still LOCATION (City, town, or county) Friendville (State) Md

DATE REC'D BY LOCAL REG. 12/1/53 REGISTRAR'S SIGNATURE Jules Rowan mnb

24. FUNERAL DIRECTOR Emroy Bolden Oakland Md ADDRESS

20X3328220

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 166

1. PLACE OF DEATH
COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oakland X
MARYLAND
LENGTH OF STAY (In this place): 1 Hour
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Garrett Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Deer Park X
STREET ADDRESS (If rural, give location): 5 Mi. So. Deer Park, Md.

3. NAME OF DECEASED (Type or Print): (First) Nestor (Middle) --- (Last) Sukow

4. DATE OF DEATH: (Month) Nov (Day) 25 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10/28/1887

9. AGE last birthday: 66 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Coal Miner and Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nekfar Sukow

14. MOTHER'S MAIDEN NAME: Elizabeth --?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 219 03 8264

17. INFORMANT AND ADDRESS: Mrs. Mary Sukow Deer Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Coronary Occlusion — Interval Between Onset and Death: 2 Hour

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b): Arterio Sclerosis
(c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. IF EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ___ Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ✓, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE: E. J. Baumgartner (Degree or Title) M.D. ADDRESS: Oakland Md. DATE SIGNED: 11/25/53

DISPOSITION (Burial, Cremation, etc.): Burial | DATE THEREOF: 11/28/1953 | NAME OF CEMETERY OR CREMATORY: White Church Cemetery | LOCATION (City, or town, county) (State): Garrett Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR: 11/27/1953 | REGISTRAR'S SIGNATURE: Julia A Rowan | 24. FUNERAL DIRECTOR: Herbert C. Leighton | ADDRESS: Oakland, Md.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The ... especially important. Physicians: please write the causes of death clearly and legibly.

26 11 53
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1656

1. PLACE OF DEATH:
COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND, MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND, MARYLAND
STREET ADDRESS (If rural, give location) 134 SECOND STREET

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) AGNES (Last) TREACY (Sweeney)

4. DATE OF DEATH: (Month) NOVEMBER (Day) 5, (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: JULY 7, 1877/1880
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months 3 Days 19 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: SWEENEY, MICHAEL
14. MOTHER'S MAIDEN NAME: CHRYSTAL, ELLEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO. UNK (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: (Daughter) Mrs. Helen Baumgartner. Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	MYOCARDIAL INFARCTION	1 WEEK
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	ARTERIORSCLEROSIS	
	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. DIABETES MELLITUS

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from AUGT, 1936, to NOV. 5, 1953, that I last saw the deceased alive on NOV. 5, 1953, and that death occurred at 7:30 P.m., from the causes and on the date stated above.

SIGNATURE R. J. Baumgartner (DEGREE OR TITLE) M.D. ADDRESS OAKLAND, MARYLAND DATE SIGNED NOVEMBER 6, 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Nov 9-1953
NAME OF CEMETERY OR CREMATORY Oakland Catholic
LOCATION (City, town, or county) Oakland (State) Md

DATE REC'D BY LOCAL REG. 11/8/53
REGISTRAR'S SIGNATURE Julia Howard L.R.
24. FUNERAL DIRECTOR Emros Bolden ADDRESS Oakland Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

U.S. A-5 8-51

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11 53

CERTIFICATE OF DEATH

Reg. Dist. No. 162

1. PLACE OF DEATH:
COUNTY Garett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Avilton
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Garett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Avilton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Laura C. Wilhelm

4. DATE OF DEATH: (Month) (Day) (Year) 11 11 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 10-18-1874
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Avilton Garett Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Nelson Wilhelm
14. MOTHER'S MAIDEN NAME: Ellen McKenzie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs Lester Broadwater.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
420.0 Immediate cause	(a) Myocardial failure	
	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) arteriosclerotic heart disease	10 yrs.
	DUE TO	
	(c) Generalized arteriosclerosis	15 yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1953, to Nov, 1953, that I last saw the deceased alive on Nov 10, 1953, and that death occurred at 4:45 A m., from the causes and on the date stated above.

SIGNATURE John F. Whitehill, Jr. (DEGREE OR TITLE) MD. ADDRESS Salisbury, Pa. DATE SIGNED 11-12-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 11-13-1953
NAME OF CEMETERY OR CREMATORY Saint Anns
LOCATION (City, town, or county) (State) Rural Avilton, Garett, Co Md

DATE REC'D BY LOCAL REG. Nov-12, 53
REGISTRAR'S SIGNATURE Ethel Broadwater
24. FUNERAL DIRECTOR Wm Winterberg ADDRESS Grantsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11154

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 162

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Grantsville — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Highway - Route 40

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jennings
STREET ADDRESS Rural (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HARRY	SYLVESTER	WILT	Nov	21	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	11 May 1891	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farm	Jennings Gaulet Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Nelson Wilt	Fannie Burkholder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes	WW I 1917-18	212-28-8810	Nelson Wilt, Jennings, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

819 X

Immediate cause (a) Basal Skull Fracture — INTERVAL BETWEEN ONSET AND DEATH: Instantaneous

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Also Fractures of neck, jaw, Rt Femur
(c) and crushed Rt. chest

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Highway	near Grantsville	Garrett	Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☑	HOW DID INJURY OCCUR?
Nov 21, 1953 10:40 p.m.		Excessive speed ? auto ?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Thomas D. Lusby M.D.	Acting Examiner	Oakland, Md.	22 Nov 53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-24-1953	Bittinger Cem	Bittinger, Garrett Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 23 53	Ethel Broadwater	Wm. Winterberg	Grantsville, Md

A15A

RECEIVED
NOV [illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11155

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 162

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Grantsville — LENGTH OF STAY (in this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS Highway Route 40

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jennings
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print): (First) SHIRLEY (Middle) (Last) WILT

4. DATE OF DEATH: (Month) Nov (Day) 21 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7-1-1934

9. AGE last birthday: 19 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Erie Pa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph A. Sisson

14. MOTHER'S MAIDEN NAME: Margaret Hatter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 184-26-7628

17. INFORMANT: Joseph A. Sisson Mother Res

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Basal skull fracture and — Interval Between Onset and Death: Instantaneous

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) fractured neck

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway (CITY OR TOWN) near Grantsville (COUNTY) Garrett (STATE) Md

TIME (Month) (Day) (Year) (Hour) OF INJURY Nov 21, 1953 10:40 a.m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Excessive speed ? auto ?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Thomas J Lusby M D Acting Examiner — ADDRESS Oakland, Md — DATE SIGNED 12 Nov 53

23. BURIAL, CREMATION REMOVAL, (Specify) Burial — DATE THEREOF 11-24-1953 — NAME OF CEMETERY OR CREMATORY Bittinger Cem — LOCATION (City, town, or county) (State) Bittinger, Garrett Co, Md

DATE REC'D BY LOCAL REG. Nov 23 53 — REGISTRAR'S SIGNATURE Ethel Broadwater

24. FUNERAL DIRECTOR Albert Winterberg — ADDRESS Grantsville, Md

A15A

RECEIVED
NOV 25 1953
BUREAU V. S.